

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No.: ECKARDT-5

In re Application of:)	
DIETER ECKARDT & CARSTEN REBBEREH)	Examiner: Cao, Phuong T.
Appl. No.: 10/685,671)	
Filed: October 15, 2003)	Group Art Unit: 2164
For: METHOD FOR PARAMETERIZING AN APPARATUS)	Confirm. No: 7049

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
S I R:

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above application in response to the Official Action of September 26, 2006, having a shortened period for response terminating December 26, 2006 .

1. Submission required under 37 C.F.R. §1.114
 - a. ☐ Previously submitted
 - i. ☐ Consider the amendment(s)/reply under 37 C.F.R. §1.116, previously filed on .
 - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on .
 - iii. ☐ Other

b. ☒ Enclosed

- i. ☒ Amendment/reply.
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other

2. **Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103 (c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
- b. ☐ Other

3. **Fees** The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed.

- a. ☐ The Commissioner is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 06-0502.
 - i. ☒ RCE fee required under 37 C.F.R. § 1.17(e)
 - ii. ☐ Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)
 - iii. ☐ Other
- b. ☐ Check in the amount of \$ enclosed
- c. ☒ Payment by credit card
- d. ☒ The Commissioner is hereby authorized to charge any additional fees that may be required, or credit any overpayments, to Deposit Account No. 06-0502.

Respectfully submitted,

By: _____

Henry M. Feiereisen
Agent for Applicant
Reg. No. 31,084

Date: December 22, 2006
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HMF/WS:af